


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000001607 1. Entity Name OM SHRI ASHRAM, INC.	
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Principal Place of Business 103 MCDONALD RD. PLANT CITY, FL 33567 US	Mailing Address 103 MCDONALD ROAD PLANT CITY, FL 33567 US
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DO NOT WRITE IN THIS SPACE



04142006 No Chg-NP	CR2E037 (11/05)
4. FEI Number 59-3188173	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEVPRASAD, DEVSWARUPDAS
103 MCDONALD ROAD
PLANT CITY, FL 33567

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Dev Swarup Das 4-15-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THAKAR, JITU 35116 32ND ST ASTORIA, NY 11106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKARANIA, KANTI 1209 BELLDONNA DRIVE BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, GHANSHYAM M 13924 SHADY SHORES DRIVE TAMPA, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVSWARUP, DAS 103 MCDONALD RD PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, PETER 3212 LITHIA PINECREST VALRICO, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARAD, KUSAM R 1040 BS WESTGATE ADDISON, IL 60101

U00000520870
05/02/06-80110-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dev Swarup Das 4-15-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #